PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age sepecially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

34	4	3	00	
21	100		00	
		Dan	Dist No.	

CERTIFICATE OF DEATH				
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write BURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death opcurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Slate			
	Bond 3. (b) Social Security Number			
4. Sex Sex S. Color or race S.(a) Single, married, widowed, or divorced Secke Secke	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			
17. Burial, cremation, or removal. Which?) Cemetery or crematory. Sharel Skill (month) (day) (year) Location. Sharel So. Md. 18. Funeral director. Madiean Matchell Address Navi de Saac, 7726. 19. Mill. 19. 42 L. L. Jeinio M. D. (Date ree'd by registrar) Registrar	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			

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MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles St., Baltimore



CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Ild. county & aford
Cily or town	11 / (1.1 0
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Frances Clivia	Bond 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Black Wivorces	2D. DATE OF DEATH. 3 1947 at 50 N
Jun Board	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
6.(b) Name of hueband or wife.	June 18.46, 10 and 3, 19.48
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) & assurang 1- 1863	Immediais came ní death
8. AGE: Years Months Days It less than one day	Chlin Valurson
84 0 2hrsmin.	1 4 y Jasielana and 1
9. Birthplace (Town, county, and state)	Due to.
Therese Oulies	Carlo Id
1D. Usual occupation.	Due to
11. Industry or business	
12. Name	Dither conditions. U
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
E 15. Birthplace	Date of op.
16. Informact ames 6. Williams	Antopry results
Address Havrede Diace Mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 50 0 61946	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17. Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory and	Where did injury occur?
Location Naure de Leau Mid.	Injured at home, farm, Industry, public place (where?)
The Modeson Mitchell	Manne of Injury Injured 2t work?
18. Funeral director	11/1/1/1/1/10
Adoress Havrale sundy off.	23. SIGNATURE OF THE STATE OF T
14 Aug. 6 19 47 a. L. Lewis M. Registrar	. It was Hed 1/2 les
[[//[Date rec'd by registrar] Registrar	Address Signed Signed

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certain is especially important. Physicians: please write the causes of death clearly and legibly.

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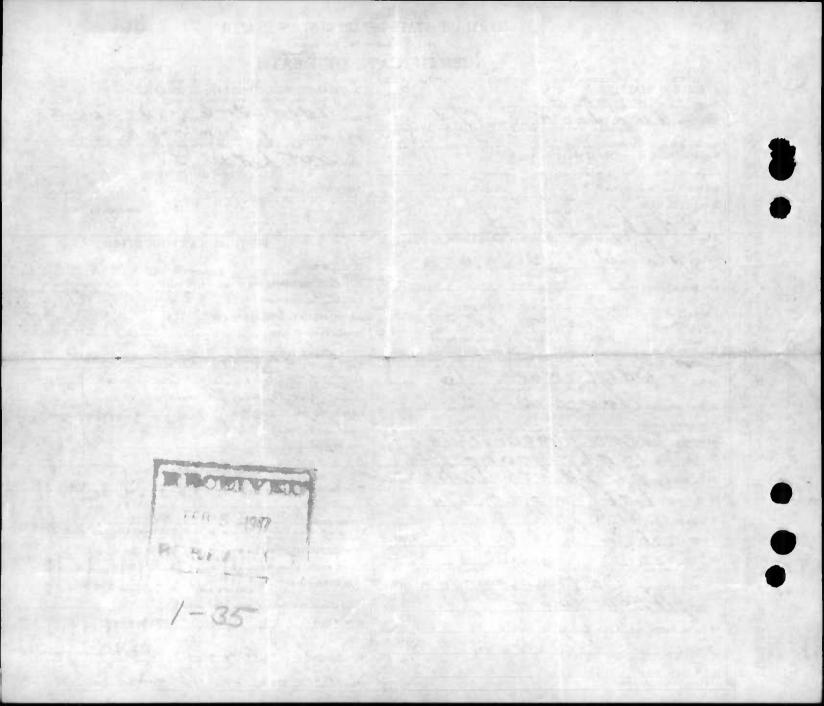


2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH Reg. Dist. No. 8			
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State City or lown (If outside city or town limits, with RURAL and give nearest town) Street No		
3.(a) FULL NAME	2.(a) If veteran, name war.		
Enily DyRd	3. (b) Social Security Number		
4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
tenale widowed	20. DATE OF DEATH		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the flate above stated; that I attended deceased from		
7. Birth date of	19.73, 10.		
deceased (mo., day, yr.) Och yo (877			
8. AGE: Years Months Days If less than one day	Immediate cause of death		
169 71 - min.	Dictules / millites		
9. Birthplace DN 4 // // CC (Town, county, and state)	Due 16.		
10. Usual occupation FLOWSC WIFC	Due 10.		
11. Industry or business	(melesal Humanhaya		
12. Nape BCO & FREEden NURS	Dither conditions		
	(include pregnancy within 8 months of death)		
14. Malden name 1/2 1/6 eth Duba itol	Major fieldings of operations		
18. Informant 12.200 Volume 12.	Autopsy results		
Address 200 Caron Al Ciletten 23	22. VIOLENCE: 11 death was due to external causes, fill in the following;		
(Burial, cremation, or removal Which) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crometery DR NOR COMPETER	Where did injury occur?		
Location MDER CEPMIA	Injured at home, farm, industry, public place (where?)		
18. Funeral director Address Tanan Adors	Means of Injury Injured et work?		
Address a Bushing Traff	23. SIGNATURE Secretor & Foliaghing		
19. Feb. 13.47 /lelle A. Wer (Date rec'd by registrar) Registrar	M. Dr or other		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH 135

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town A Louise eity or town limits, write RURAL and give nearest town)	State Mary land County Dranford
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
Hospilal, Institution, or street address where death occurred:	Street No. R.D #/
Hayford Memorial Nogstal	(If rural, give LOCATION)
How long in hospital or institution? 5 days	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
R. Grayse cline	118-03-8517
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. 1-22 19 47 at 25 A
6.(6) Name of husband or wife Phassline Cline Buker	21. I CERTIFY that death occurred on the date obove stated; that lattended deceased from
5.(c) It alive, give age 26 years	184 J., 10 June 22 184 J.
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days I fless than one day	Immediate cause of death DURATION
36 9 5hrsmin.	Ment
A A a dil cinica	The state of the s
8. Birthplace Dugar Travel Vik ginia (Town, county, and state)	Due to
10. Usual occupation Meelaanel	Julianay / where
11. Industry or business	Due 16.
IA OU.	Other conditions According to the conditions of
12. Name James V. Cline Vingenea	
	(Include pregnancy within 3 months of death)
14. Maiden name Clementine Parks 15. Birthplace Virginia	Major findings of operations.
	Date of op.
18. Informant Mrs. James & Elino	Aotopsy results
Address Blenarm md O. F. DAL	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
(Burial, eremation, or removal, Which?) (month) (day) (year)	
Cometery or crematory	Where did injury occur?
Location William Ma	Injured et home, farm, Industry, public place (where?)
18. Funeral director Alexand James Jons-	Means of Injury Injured at work?
Address Cherlien md.	as CIONETHOS luceles & toling mot
1:22 47 0. 5 A. 1. m. A	23. SIGNATURE M. D. or other
(Date reed by registrar)	6/0/2 as 1 Decare 456 466 1/22/4:

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltin

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infonts give residence of mother)
City of town	State County County
How long to above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No Farm on Webster-House do grow Kong
Farm - Webster - Hours do grow Kood	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME PETER DOM BROSKID	4 ViSon) 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mal white dinala	20. DATE OF DEATH JONE 12 19 47 . 01 1:00 A
mare moure sorrigia	
6.(6) Name of husband or wife	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from
	19
7. Birth date of deceased (mo., day, yr.) not know 1907	and that I last saw halive on
8. AGE: Years Months Days tf less than one day	Immediate cause of death
40hrsmin.	Accidents Jump
7/100:00	partial contringation
9. Birthplace (Toyon, county, and state)	Due to
10, Usual occupation staruser	
	Due to
11. Industry or business	
12. Name Duvidson 13. Stribplace	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name. That knows	Major findings of operations
N 15. Birthplace	Date of op.
18. Informant Mrs. Sophia Dunski	Autopsy results.
1117 W m. 71 & A. a n. 16	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address HI Mayora We-Ballo.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide. Accident. Date of
Was a Tainite Russi.	Where did injury occur?
Cemetery or crematory	Mijured at home, farm, industry, public place (where?)
Location	
18. Funeral director Atha a. Sirebliqueklus X	Means of Injury House Canadas in five Injured at work?
Address 0423 & PACA SX	Creston and
1 2 2 . 7	23. SIGNATURE Melbor other
(Those reed by recistrar) Registrar	Address alega de a Ze a Date signed C.// 7 /C/17
A / A man a my a man man in a man man in a man i	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct a is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Rog. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County of Lit 1 Received	State Maryland County Harfard
City or town	CHY or town Thiteful Russel
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospiral, lostitution, or street address where destinactioned.	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dune King Den	eksey
4. Sau 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. H. Hidowel	20. DATE OF DEATH January 12 1947 at 7 A. M.
Chelkley B. Douber	21. I CERTIFY that deals occurred on the date above steted; that I attended deceased from
8.(0) Namo of nushand of Mile.	OCT 15 1946 10 Jon. 12, 1947.
7. Birth date of	end that I last saw h. e. T. alive oo U. A. M. M. 9 18 47
deceased (ma., dey, yr.) 8. AGE: Years Mogdy's Days If less than one day	Immediate cause of death U. T. M. C. D. D. J. MALIG. DURATION
82 9 11 mrs. mio.	
+ 1 P	them-self-tension for the self-tension for the self
9. Birthplace (Town, county, and state)	Due to NY PROGRAMMENT CAND UNDERSEAS
10. Usuat occupation A transfer of	Carol Walante
11. fedustry or business	Duo 10
	Other conditions
12. Name Augustus Company of the state of th	
	(Include pregnancy within 8 moaths of death)
14. Maldes same Land Harry. 15. Birthplace Harford for. My.	Major findings of operations NOW
15. Birthplace 10. May .	Dato of op.
16. informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address I hiteford, Mrg.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, aulcide, or homicide
80.7.	Where did injury occur? (City or town) (County) (State)
Cemetery or cremetory	
Locelion	trijured al home, farm, Industry, public place (where?)
18. Funeral director Section 11. Stanken	Meens of tnjury Rejured et works
Address Selta Paio	Ledia Day () that MP
Jan. 13 47 m. Vr. Kinh	23. SIGNATURE D. or other
(Data rea'd by registrar)	address Stroot, mal. phe sphed 172:47

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PRINCIPAL CARDIDIDAD AND INCIDENCE

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn Infants give residence of mother)
County Harford	many land . Clark
City or town. Habte De Ottomber RURAL and give nearest town)	City or lown (If outside city of town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city of town limits, write ROLLAN and give nearest
Hospital, Institution, or street address where death occurred:	Street No
Harford with and	2.(a) If veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
SARAH DEVINE	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 1-25 19.47 at 12 A. M.
Torribace Trace Tr	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
8.(b) Name of husband of sales All Markets De Wille	21.1 CENTIFY that death occurred of the data to the da
7, Birth date of Assacration (Assacration)	and that I last saw harmalive on
deceased (mo., day, yr.) Allemuce 50, 700	Immediate cappe of death
8. AGE: Years Months Days If less than one day	Parliment March
91 - 25hrsmia.	
maryland	Due to
9. Birthplace(Towo, coonty, and state)	
1D. Usuat occupation. A College Manage	Due to
11. Industry or business	
	Diher conditions was a paragraph
12. Name 21 Isley Oldkum 13. Birthplace May land	· V
13. Birthplace	(Ioclode pregnary within 3 months of death)
14. Malden name. I am tage	Major findings of operations.
14. Malden name Mary Jaylor 15. Birthplace Rema	Alratorates
16. totormant mas melvin Juckson	Aotopsy results
Address morth Eligh ma	22. VIOLENCE: If deeth was due to externat causes, filt in the following:
Burial pate thereof an 20 47	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	
Cemetery or crematory Bay Orent Milliant	Where did injury occur?
Ba Wien nd	Injured of home, farm, industry, public place (where?)
Location R 4	Means of Injury Injured at work?
18. Funeral director.	Affron In D.
Add/els Comments	23. SIGNATURE M. D. or other
18 Mu. 25- 19. 7 Wellie M. Registrar Registrar	Address Dato signed Dato signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. IARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County A argonal	(For newborn infants give residence of mother)	
Cily or town	State Mila County A argosol	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
andelle de blesse Duck		
4. Sex 5. Color or race 6. (c) Sigele, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female St-fite Muried	2D, DATE OF DEATH. 9au 15 1947 at	
6.(b) Name of husband or wife Charles Howard Durham	21 CERTIFY that death occurred on the date above stated; that attended deceased from	
7. Birth date of	and that I last saw here alive on Jan 15 19.47	
deceased (mo., day, yr.) Sept. 3, 1874	Immediate cause of death	
8. AGE: Years Months Days It less than one day		
72 4 11hrsmin.	Gerebral Gemorrhage Sugar	
9. Birthplace Forest Hill Harford Co. md	Due to	
10. Usual occupation Aforeses with fell	Esseried barraters	
11. Industry or business	Due to	
	- Jan	
12. Name It illians Grafton	Other conditions	
5 may 10, 7/2	(Include pregnancy within 8 months of death)	
15. Birthplace	Major findings of operatious	
	Date of op	
16. Informant Allens J. Murham	Autopsy results	
Address Forest Hell, mg.	22, VIOLENCE: It death was due to external causes, till in the tollowing;	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
01110 01 1		
Cemetery or crematory Alda Bruck Baplist	Where did injury occur? (City or town) (County) (State)	
Location Mean Jamellouille, Ind	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Martin Balling	Means of Injury injured at work?	
I To my	11 00- D P/A copyone	
Address Garrelloselle Ma	23. SIGNATURE. M. D. or other	
19. (Detected the registrary)	Address Frest Well Mo Date signed 1/16+42	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Training To Training On The ac	State Maryland county Harford
(If ontside city or town limits, write RURAL and give neurest town)	City or town Reveal - Have de Grace
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or attest addices where death occurrence.	Street No. (If rural, give LOCATION)
How tong in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Tracey John Cloner	nous.
Male Christe Gingle, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20 1947 1 5:30.
6.(¿) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	20 1847, to Jun 20 1847
7. Birth date of deceased (mo., day, yr.) (Detable) 2320 /805	and that I tast saw have alive on 1977
8. AGE: Years Months Days tiless than one day	Immediate cause of death DURATION
48 2hrsmin.	- And the state of
They have the Day	
8. Birthplace (Town, county, und state)	Due to survey through s
10. Usuat occupation Denues & Canall	Due 10.
11. Industry or business	
12. Name Thank Ut. Glasse	Other conditions
13. Birthplace Thatford Car. Ma	(Include pregnancy within 3 months of death)
14. Malden name Chaquesta Goltlee 15. Birthplace Harrisans	Major Endings of operations.
15. Birthplace Dergeany	Date of op.
16. Informant Myw. Edua M. Gurnles	Autopsy results
Address 120 S. Caslinatoust Haved Gran	PHYStCIAN: Please underline the cause to which death should be charged statistically.
17. Burial Page thereof Jan. 23 1947	22. VtOLENCE: It death was due to external causes, fill in the tollowing;
(Buriai, cremation, or removal-Which) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Delocation	Injured at home, tarm, industry, public place (where?)
18. Funeral director. Algury & arcena & Source	Means of Injury Injured at work?
Address Abeldeen md:	11/ 10 pl- 2 5
1 22 17 Mollie Z. Kiles	23. SIGNATURE
(Date rec'd by registrar) Registrar	Address Date signed 1/2 1/4

JAN 23 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00611 Reg. Dist. No. 182

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City or town (It couside city or town limits write AULAL and give nearest town) (It couside city or town limits, write AULAL and give nearest town) (It couside city or town limits, write AULAL and give nearest town) (It couside city or town limits, write AULAL and give nearest town) Street No. (If rural, give LOCATION) 3. (a) FULL NAME A. Set S. Color or race 6. (a) Single, married, vicewed, or directed A. Set S. Color or race 6. (a) Single, married, vicewed, or directed A. Set S. Color or race 6. (b) Rame of hurband or wife 7. Birth date of decaded (mo. day, yr.) 4. Set S. A. G. Set S. Color or race 8. (c) It aline, give age get geath. 7. Birth date of decaded (mo. day, yr.) 8. A. G. Set Set S. Color or race 9. Color or race 10. Birth date of decaded (mo. day, yr.) 11. Indicative or Months 12. It less than one day 13. Birthplace 14. Amades name 15. Burthplace 16. Informant Address 17. Burth date of operations. 18. Informant Address 19. The decaded operations of companies of the set of the	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. City or town limits, write RURAL and give nervest town) Regulal, Institution, or stepf address where death occurred: Regulal, Institution, or stepf address where death occurred: Regulal, Institution, or stepf address where death occurred:	County		
Boy long in above place of tedshorts. Hoppilan, Institution, or stored address where death occurred: Street No.	City or town August Belter HFD	State County	
Street No. (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number ROBERT LEMING 3. (c) Full NAME 3. (b) Social Security Number ROBERT LEMING AND LARY 14 15 14 1. 11 12 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	(If outside city or town limits write RURAL and give nearest town)	City or town	
Street No. (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number ROBERT LEMING 3. (c) Full NAME 3. (b) Social Security Number ROBERT LEMING AND LARY 14 15 14 1. 11 12 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18		(If outside city or town limits, write RURAL and give nearest town)	
Continued Cont			
3. (a) FULL NAME 3. (b) Social Security Number 1. Sex 5. Color or race 6. (c) Single, married, wideved, or divorced MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION 20. DATE OF DEATH TAN UARY 14 15 1/ 1	Harford Comy 100m		
3. Sex S. Solve or race S. Color or S. Color o	How long in hospitator institution?	2.(a) tt veteran, name war	
3. Sex S. Solve or race S. Color or S. Color o	2 (a) FILL NAME	1 2 /1\ C -1 C -1 N 1	
Sex S. Color or race S. (a) Single, married, widowed, or divorced Male Male Service S	S. (a) FOLL HAME		
Male Mills M	/ NOBERT	T LEMIN G	
S.(b) Name of herband or wite 1. Sirth date of deceased (mo., day, yr.) 8. AGE: Year Months 9. Birthplace 10. Usual occupation. 11. Industry or business 12. Name ame. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Birthplace 19. Maiden name. 19. Maiden name. 19. Date of op. 19. Maiden name. 19. Mai	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
S.(b) Name of herband or wite 1. Sirth date of deceased (mo., day, yr.) 8. AGE: Year Months 9. Birthplace 10. Usual occupation. 11. Industry or business 12. Name ame. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Birthplace 19. Maiden name. 19. Maiden name. 19. Date of op. 19. Maiden name. 19. Mai	man de la	Ta	
T. Brith date of deceased (mo. day, yt.) S. AGE: Tears Months Days It less than one day B. AGE: Tears Months Days It less than one day B. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business E. 12. Kame. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant Major findings of operations. 17. Birthplace 18. Informant Major findings of operations. 19. Major findings of operations. 19. Major findings of operations. 10. Usual occupation. 11. Industry or crematory or crema	male mail midowed	20. DATE OF DEATH JANUARY 14 1991 at 4 . M	
T. Brith date of deceased (mo. day, yt.) S. AGE: Tears Months Days It less than one day B. AGE: Tears Months Days It less than one day B. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business E. 12. Kame. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant Major findings of operations. 17. Birthplace 18. Informant Major findings of operations. 19. Major findings of operations. 19. Major findings of operations. 10. Usual occupation. 11. Industry or crematory or crema	1000	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
T. Birth date of deceased (mo, day, yr.) Sure 2 /85 /4 8. AGE: Vears Months Days It less than one day Duration	6.(0) Name of husband or wite	1,000	
Immediate cause of death Immediate cause of			
8. AGE: Years Months Days It less than one day 14. Immediate cause of death. 15. Birthplace 16. Informant 16. Informant 17. Charles of operations 18. Informant 19. Indicate of operations 19.		and thet I last saw h 1.44 alive on	
9. Birthplace (Town, county, and state) 1D. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant Address 17. Cemetery or crematory. 18. Funeral director. 19. The state of the state		Immediate cause of death	
9. Birthplace (Town, county, and state) 11. Industry or business 12. Name (Include pregnancy within 3 months of death) 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations. 14. Maiden name (Include pregnancy within 3 months of death) Major findings of operations. 15. Birthplace (Include pregnancy within 3 months of death) Major findings of operations. 16. Informant (Include pregnancy within 3 months of death) Major findings of operations. 17. (Include pregnancy within 3 months of death) Major findings of operations. 18. Informant (Include pregnancy within 3 months of death) Major findings of operations. 19. Major findings of operations. 19. Major findings of operations. 19. Major findings of operations. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. 19. Major findings of operations. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Injured at home, farm, industry, public place (where?) Major findings of operations. 23. SIGNATURE. M. D. or other		BRONCHO - PHEUMONIA 6 DAYS	
10. Usual occupation. 11. Industry or business 12. Hams. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. Address 17. Date thereof. (Burial, cremation, or removal, Which?) Cemetery or crematory. Location. 18. Funeral director. Address Ad	89 6 14hrsmin.		
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Due to 11. Industry or business 12. Name	9. Birthplace	Due to	
11. Industry or business 12. Name	~:		
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 17. Cometery or crematory. Cemetery or crematory. County. Means of thiory. Means of thiory. M. D. or other. M. D. or other. M. D. or other.	1D. Usual occupation	Due to	
13. Birthplace 14. Maiden name	11. Industry or business		
13. Birthplace 14. Maiden name	12 Home William Flynn	Other conditions BENIGH PROSTATIC HYPERTROPHY 5 YEARS	
(Include pregnancy within 3 months of death) 14. Maiden name 15. Birthplace 16. Intermant Address 17. Date of op. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIBNATURE. M. D. or other		Other Conditions	
14. Maiden name 15. Birthplace 16. Informant Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Op. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Injured at home, farm, industry, public place (where?) Mesns of injury 18. Funeral director. Address 23. SIGNATURE. M. D. or other		(Include pregnancy within 3 months of death)	
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of	E 14. Maiden name Zusukmanum		
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of			
PHYSICIAN: Please numberline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	≥ 15. Birthplace	Date of op.	
Address PHYSICIAN: Please numberline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	16. Interment Leven H. Voursley	Autopsy results	
22. VIOLENCE: If death was due to external causes, fill in the following: Commetery or crematory County County	COD DEN V	PHYSICIAN: Ptease underline the cause to which death should be charged statistically.	
17. (Burial, cremation, or removal, Which?) Cemetery or crematory. County. Co	Address Bed A.F.D. Poud.	22 VIOLENCE: If death was due to external causes. fill in the following:	
Cemetery or crematory. Location	17 Burias Date thereof 17 1947		
Location Adagna Crs Plensa Injured at home, farm, industry, public place (where?) 18. Funeral director for Address Moses of injury Injured at work? 23. SIGNATURE 24. M. D. or other M. O. or other M. D. or other	(Burial, cremation, or removal, Which?) (month) (day) (year)		
Location Adagna Crs Plensa Injured at home, farm, industry, public place (where?) 18. Funeral director for Address Moses of injury Injured at work? 23. SIGNATURE 24. M. D. or other M. O. or other M. D. or other	Cometery or crematory Jesses Church Cesseley	Where did injury occur?	
18. Funeral director. Address York Alexander Roman of Injury 19. I 1 1 4	- B		
18. Funeral director. John Springs Pa. Address York Springs Pa. 19. 1/14 Directly Towards 23. SIGNATURE. Robert A Bouth Mr. D. or other Mr.	Location		
Address York Skring Pa 19 1/14 Privall a Toward 23. SIGNATURE LAND M. D. or other	18 Euneral director S. A. Valley Trust	Mesns of injury Injured at work?	
19 1/14 1947 Princella Towards 23. SIGNATURE. M. D. or other	0.00 - 10	- PIXADALI	
10 1/14/ 1997 Procella Torwoods In 1411 Mr. D. or other	Address your period for	22 SIGNATURE STONE (Dantes M)	
19. 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	1/14// Hoy Princelly torasmort.	M. D. or other	
(Dafe rec'd by registrar) Registrar Address Address Date signed	(Daje rec'd by registrar)	Address TOREST /7/LL //D Date signed //14/47	



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

830

00612 / 82 / * Reg. Diat. No. 18 %

1. PLACE OF DEATH: Harlord	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or to n limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No
How long in hospital or institution?	2.(a) If veteran, name war. Symanush Umurucas
3. (a) FULL NAME Hom. H: SLOTTI	3. (b) Social Security Number
4. Sex 5. Coto pr race 6.(a) Single married, widewad, and increased	MEDICAL CERTIFICATION
Male Houte Married	20. DATE OF DEATH. 1-3- 1947, at 3-A
6.(b) Name of husband opyrite Marian Confidence of husband opyrite	LA PALERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of	and thal I last saw harmalive on all and flat
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
72 9 4hrs.	mio. Cerdral funershage 6/17 on
9. Birthplace Hay ond (S. Md.	Ove 10
10. Usual occupation Painter	
11. Industry or business toousework	Due to
12. Hame & C. Garretton.	Other conditions
5 Ludia la racella	(Include pregnancy within 3 months of death)
14. Malden name Baltimore Md.	Major findings of operations
16. Informani Mrs Marion Garrett	O Autonay results.
Address of arlington, My An	PHYSICIAN: Please underline the cause to which death shoold he charged statistically.
Burial Date thereof Jan. 7/	VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or crematory.	Where did injury occur?
Harland (M. Md.	Injured at home, farm, industry, public place (where?)
Location A Barlen	Means of injury Injured at work?
18. Funeral director arlington.	ME. Gollin
Jan. 5 47 M. D. Kir	23. SIGNATURE M. D. or other
(i)ate rec'd by registrar) Regist	trar Address Date signed 77 4 Date signed

MARGIN RESERVED FOR BINDING

RECEIVED

JAN 21 1947

RECEIVED

2-25

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MARYLAND STATE DEPARTMENT OF HEALTH

1950 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County	State Lead County Bactering
(If ontside city or town limit, write RURAL and give nearest town)	State
	(If ontside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(II ontside city or town limits, write RORAL and give heatest town)
	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(¢) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
CHARLES VOSEPH (ERST
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7440 0 4 1	
made white manuel	20. DATE OF DEATH. Vau. 10 1947 at 4:300 M
Cerelia B. Gerst	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
B.(0) Name of husband or wile	
7. Birth date of Quality Quality (C) If allive, give age years	
7. Birth date of deceased (mo., day, yr.) June 99 1893	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
5. AUL.	yerracromas romanicos
3 3 /hrsmin.	
8. Birthpiace Dalto Co. W.L.	Due to Fracture of Skull
(Town, county, and state)	0
10. Usual occupation Hell-Wigger and	
14 Industry or husings Faculty	Due to
(1). Ifficustry of business	
12. Name leter Sout 13. Birthplace (Balto, Co., Med.	Other conditions
\$ 13. Birthplace (Halto, Co., Mel.	(Include pregnancy within 3 months of death)
14. Malden name Mary Butt	
	Major findings of operations.
E 15. Birthplace Callo. 1. h.d.	Date of op.
18. Interment leve . C . Theret	Antopsy results
Address Shark Land Fullerton P.O. May	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address According to the According to th	22. VIOLENCE: If death was due to external causes, fill in the following:
Bate thereof and 1947 (Bnrial, cremation, or remaya), Which?	Accident, suicide, or homicide. accident Date of Jan 10, 1747
(Burial, cremation, or removal, Which!) (month) (day) (year)	Where did injury occur? (City town) (County) (State)
Cemetery or crematory	(City of town) (County) (State)
Location Fullety Mid.	Injured at home, farm, Industry, public place (where?)
	Means of Injury Bucket fell on hoppinjured at work? Yes
18. Funeral director. assalus Tunaras Hu	
Address 7401 Belair Rd. Balo. 6, Wel.	o Statamen U.D.
1-11 12 20.111	23. ACHATURE.
19. (Date rec'd by registrar) Registrar	The Chandles Tard and the
(Date rec'd by registrar) Registrar	Tadress Ober deen Zug Date signed I for fy

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95C

CERTIFICATE OF DEATH

00615 Reg. Dist. No. 1820

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State William Country July Josef Josef
City or town	
How tong In above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Sireet No. (If rural, give LOCATION)
<i></i>	2.(a) If veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME Wargaret Ita	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F Ul Vtedorice	20. DATE OF DEATH PARLEASE, 4 19 47 21 7 3
The Alanda	21. I CERTIE that death occurred on the date above stated; that lattended deceased from
8.(b) Name of husband or wife	40ch 641 11 11 11 11 11 11 11 11 11 11 11 11 1
7. Birth date of 7. Bir	and that t last saw how alive on 19 4
deceased (mo., day, yr.) Muy 17, 1836	Impeliate cause of death Duration
8. AGE: Years Months Days if less than one day	Jume Mala Excemplitudas
90 / 8hrsmin.	75
9. Birthplace Dicel,	Due 19
(Town, county, and state)	Dypp 1 8 Dypurous o my
10. Usual occupalion	Oue to.
11. tadustry or business	
12. Name 12. Name 13. Birthplace	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden Gand Christian The Christian Strippiace 1 Micercon 1	Major findings of operations
\$ 15. Birthpiace McCerefy,	Date of op.
16. information furry Hautou	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1/2 1001 1018 1011	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) Date thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location house Julies	tnjured at home, (arm, Industry, public place (where?)
Polar 6 . Looks	Moans of Injury Injured et work?
1B. Funeral director	Im Al Distland
Address Sental first	23. SIGNATURE (LLC) M. D. or sthey
19 16 1947 Vincella four out	Bally?
(Date rec'd by registrar) Registrar	Address

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

CERTIFICATE OF DEATH

00614 Reg. Diat. No. 1830

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town & Glesotelle R.D.	State 2nd County Hurfard
City or town. (If syriside city or town limits, write RURAL and give nearest town)	City or town & fleaselle.
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
See - June Otio de	arkell -
Sara Me mune H	ar of
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Femal white maneed	20. DATE OF DEATH / COMMING 24 1947 at 11 56 M
- il by storages	21. I CERTLY that death occurred on the date above stated; that Jerjended deceased from
6.(b) Name of husband or wife.	19.3.5., to James 24.18.4.7
6,(c) If alive, give age 4 years	0 ()- // HU 40
7. Birth date of deceased (mo., day, yr.) Murcle 13 1880	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
66 15 11hrsmin.	
Dank Person	
(Town county and state)	Due to Thypecolomore - C-V change
Lance mele	and my and so
10. Usual occupation. Housewife	Due to
11. Industry or business	
12. Name Jasepu Janus 13. Birthplace Marke to Pa	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Reference Stevens 15. Birthplace Galtimore md.	
E Carlot se mad	Major findings of operations.
El 15. Birthplace Jacobson Production	Date of op
16. Interment David S. Harry	Antopsy results
0.0.0.10.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Mulicos /	22, VIOLENCE: If death was due to external causes, till in the following;
17 Berile Date thereof Jane 27-47	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Fawn Grove	Where did injury occur?
Location Favor Srowl Pa.	Injured at home, farm, Industry, public place (where?)
10021101 - Lucation of Land of Land	Risens of injury injured at work?
18. Funeral director Musika Thurs	Micros VI III/AI)
Address Carrettsvelle Int.	() 1 1 1 +m9
nautor	23. SIGNATURE M. D. or other
19 Jale 27" 19 H 7 Thomas P. Brown	/m 01 / ./2-/27
(Date rec'd by registrar) Registrar	Address Delta Jema, Date signed 123/7

JAN 30 1947

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30)

CERTIFICATE OF DEATH

U0616 Reg. Diat. No. 185

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(4)Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19.47 at 13 PM
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47, to 1 28
7. Birth date of deceased (mo., day, yr.) Leceuser 1905	and that I last saw h. 2 alive on
8. AGE: Years Months Days It less than one day hrs. min. 9. Birthplace	Due to. Other conditions (Include pregnancy within 8 months of desth) Major findings of operations.
16. Informant Mrs Surah Moubray Address 930 Madison One Balts 1 med	Antopsy result. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following:
17. Butter Date thereof. 2 477 (Burial, cremation, or removal Whigh?) (month) (day) (year) Cemetery or crematory. 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Accident, suicide, or homicide
16. Funeral director Claudia St. Have de Glesce Address 53 6 Terris St. Have de Glesce 19. 7el- (Onto rec'd by registrar) Registrar Registrar	23. SIGNATURE Udley Philly M. D. or other Address author Mem. Joseph Date signed 130/47

STEEDER OF THE TENTON OF STATE OF LITTERS

HTARU TO PIVOTUTE TO



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

940

Reg. Dist. No.

00617

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Sounly HARFORD	
(If outside city or town limits, write RURAL and give nearest town)	State M. d. Sounty HARFORD
How long in above place of death?	Cily or lows. ABINGTON - KURAL (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street Ho. DALTON FARM
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM L. K	ELLY 212-18-2156
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION Oppusx.
male white willowed	20. DATE DF DEATH. Jan 23 19.47 at 4P. IN
8,6) Name of husband or wife Florence Kelly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age	1919
7. Sirth date of	and that I last saw halive on
accessed (mort controlled)	Immediate cause of death
0. Au.	CORANORY THROMBOSIS
(05) — hrsmin.	/
9. Birthplace Horfon & County, and state	Due to
Talah II	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Delvis S. Telly 13. Birthplace mandaul	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Elizabet Ellett 15. Birthplace Mornland	Major fiadiugs of operations.
\$ 15. Birthplace mornland	Date of op.
16. informant thesell I Kelly	Autopsy results Lone
al l citaria l mil	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address abliden apt 641 ma	22, VIOLENCE: tf death was due to external causes, till in the tollowing;
(Burial, cremation, or regional, Which?) (Burial, cremation, or regional, Which?)	Accident, suicide, or homicide
low. low	
Cemetery or crematory.	Where did in jury occur?
Location Utugan not	Injured at home, farm, Industry, public ptace (where?)
18. Funeral director Atward L. Me termes Kon	Meens of injury injured at work?
Address Mundyn md	Jot Kamper M. A.
neu 88 .47 mm m ledale	23. SIGNATURE
Date rec'd by registrar) Registrar	Address Oberdeen 2nd Date signed 1/24/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



2411 N. Charles St., Baltimore

932

0061482

CERTIFICATE OF DEATH

Reg. Dist. No. 189

	A TOO TOO TOO TOO TOO TOO TOO TOO TOO TO
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED;
County	(For newborn infante give residence of mother)
(If outside city or to a limits, write RURAL and give nearest town)	State County
X /	City or town
How long in above place of death?	
	Sireet No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Alo. a. Ami	ant no
4. Sox 5. Colororace 1.(1) State and ind. widowed, or disputed	MEDICAL CERTIFICATION
Male Harite Hidown	20. DATE DF DEATH
Man Knietx	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6,(b) Namo of husband or wife	and 20 1944 to Jun 21 1947
7. Birth dato of	
deceased (mo., day, yr.)	
8. AGE: Years Month Days If loss than one day	Chromes Mile and I 4 4.
8/ 9 //hrsmin.	
Harland Cr. Mad	
9. Birthplace	Due to.
10. Usual occupation.	
11. industry or business. Farmer	Duo to
12. Hame	Other condition2
13. Birthplaco	(Include pregnancy within 3 months of death)
E 14. Maiden name.	Major findings of operations.
15. 8irthpiace Learn	Date of op.
16. Interment Mr. Norman Frings	Autophy results.
Marlint md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address of a language of the l	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eventure or remove Which?)	Accident, aulcide, or homicide
CHARLO THERE COM	Where did injury occur?
Comptery or prematary	
Location	Injured at home, farm, Industry, public placo (where?)
18. Funeral director	Maans of Injury Injured at work?
Address Darling tor Male	RPV 10 00/
(Lange OD 47 m (WKIN)	23. SIGNATURE M. D. or other
(Date ree'd by registrar) Registrar	Address Derlugton ont Dato signed 1/22/4
There is do not be lighted in	Address

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

MARGIN RESERVED FOR BINDING

FEB 6 1947

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FOR BINDING

MARGIN RESERVED

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1640

01049

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant, give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 6.(c) If alive, give age years 8. AGE: Years Months Days If less than one day hrs. min.	MEDICAL CERTIFICATION 20. DATE DF DEATH
9. Birthplace	Due to
16. Intermant Address 400 N. Remark Dafe thereof. (mogth) (day) (year) Cemetery or crematory. (mogth) (day) (year) Location 18. Funeral director. (Mogth) (day) (year) Address 4 A. A. A. Mario Mr. D. (Date rec'd by registrar) Registrar	Actopay results. PHYSICIAN: Please underfine the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (Codnity) (State) Injured at home, farm, industry, public place (where?) Means of injury function of the company of the comp

JAN 21 1947 BUREAU 7 6

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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<u> </u>	
I. PLACE OF DEATH: County Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Delaware County Mess Castle
How long in above place of death? Thousand Hospital, Institution, or street address where death occurred: How long in above place of death? Thousand Hospital, Institution, or street address where death occurred: How long in above place of death? Thousand Hospital Hospita	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 27 (If pural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
mary ann macklem	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I W Single	20. DATE OF DEATH Jan 15 1947, 21 90 M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of	and that I last saw h and alive on 19
deceased (mo., day, yr.) May 10, 1890	Immediate cause of death
8. AGE: Years Months Bays It less than one day	
56 8 5min.	(aranomal dream
Wilnuglas hew Calle Kell	Due to.
8. Birthplace(flown, county, and state)	(aremy drug
10. Usual occupation Ruhistic Mural	O Due to
11. Industry or business State Board Seals	Carronalvan
E 12. Rame fame a mackeley	Diher conditions.
\$ 13. Birthplace Williams Turn de	- Calletta
14. Malden name Agrice Belley 15. Birthpiace Willington Dell	(Include pregnancy within 8 months of death) Major findings of operations
15. Birthpiace Williams for Lell	Date of op.
marchiel Harrier	Antoney years to
18. Intermant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 761 Karaulus Arill	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17. (Burial, cremation, or removal. Which?) Bate thereot (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location / Definition	Injured at home, tarm, Industry, public place (where?)
18. Funeral director alphas & M. Cosesy	Means of injury injured at work?
Address Wilnington Well	Total India
TAM. 16 18 47 G. L. Versio m.	23. SIGNATURE M.D. or other
(thate rec'd by registrar) Registrar	Address Date signed

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

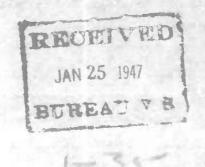
2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

00620

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M	Reg. Dist. No	D	4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State County		
(If ootside city or towo limits, write RURAL and give nearest towo)	1 2 12:		
How long in above place of death?	City or town (1f outside city or towo limits, write RURAL and give nearest town)		
Hospital, Institution, or atreef address where death occurred;	Street No. 309 E 3144.		
31 E. sel au al	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Miss. Florence V. Morse	en. Yanl.		
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF DEATH AMERICA 22 19 147 1 12:50Am		
6.(6) Nama of husband or wife	21. I CERTIFY that death occurred on the date above stated: that, attended deceased the		
	Never. I arrived just after death to 1010		
7. Birth date of	and that I last saw halive on		
deceased (mo., day, yr.) Jane 9. 1872	Immediate cause of death. MARGAY 0:31 In TAYE TOM DURATION		
8. AGE: Years Months Days It less than one day	15 min 18		
75 \$3 5hrsmin.			
9. Birthpiace (Town, county, and state)	Due to Coromaty Opelusian 16 minutes		
ID. Usual occupation			
	Date to COLONSE LALLEL ASSESSED ASSESSE		
11. Industry or business			
12. Name Manger Charles 213. Birthplace	Dther conditions		
	(lociude pregnancy within 3 months of death)		
14. Maiden name Seewil Ostron 15. Birthplace Celegateen med	Major findings of operations		
9 15. Birthplace aberseen med	Major Endings of operations.		
16. Interment Wish Elizabeth Doberto	Autopsy resolts.		
	PHYSICIAN: Flease underline the cause to which death should be charged statistically.		
Address 309 C. 3 Ch Baltimore Wed	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
(Borial, cremation, or removal, Which) (Borial, cremation, or removal, Which)	Accident, suicide, or homicide		
80 1	Where did injury occur?		
Location Ulverdeen md-	Injured at home, farm, industry, public place (where?)		
18. Funeral director Menry Taning Hons	Means of Injury Injured at work?		
Address Salver Lien ml.	WIN W KM MAN		
The state of the s	23. SIGNATURE		
19 tou 23 1947 Illie 4. Wes	Whelin (he Westles led M. D. or other 1/12/47		



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WRITE PLAINLY, is especially

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1. PLACE OF DEATH:

7. Birth date of deceased (mo., day, yr.)

11. Industry or business

8. AGE:

How long in above place of death?....3.5

Years

(Burlal, cremation, or removal. Which?)

Months

Hospital, lostitution, or street address where death occurred:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2.(a) If veteran, name war.....

3. (b) Social Security Number

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nesrest town) (If rural, give LOCATION)

(a) FULL NAMI	6					
(0) 1011111111	1	,-	7	, .	31	
	//	1//	aula	1	1/21.	11.

6.(a) Single, married, widowed, or divorced

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above	tated; that fal	tended deceas	sed from
March 19.4:	5 to Se	ptemb	er 19.46
and that I last saw h. im alive on	otembe	r	19. 4.6
mmediate cause of death	***********		DURATION
Coronary thrombos	Ís		

bre to			***************************************
		•••••••	***************************************
ther conditions			******************
(Include pregnancy within 3 mon	the of death)	***************************************	

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IYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill to the following; Where did lajury occur? (City or town) (County) (State)

injured at home, farm, industry, public place (where?)

injured at work? Means of Injury

23. SIGNATURE D, or other

Registrar

(Date rec'd by registrar)

HOLDER OF THE ALMANDE STATE OF STATE

JAN 21 1947 RTREAD V 8.

2-1820 - 2-10

M A	PYI	AND	STATE	DEPARTMENT	OF	HEAT TH
W A		AITU	SIAIL	DEPARTMENT	1114	HEAL IH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

M. D. or other

Dato signed 1-17-47

1881

CERTITIOAL	Reg. Diat. No.
1. PLACE OF DEATH: Coucty Character of the country of town dimits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long to hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (Epr newborn infants give residence of mother) State County County County Street Ro (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Skilliseur R. Oral	3. (b) Social Security Number
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced **Track of the second or wife Olive One 6.(b) Name of husband or wife Olive One 7. Birth date of	MEDICAL CERTIFICATION January 16 47 11.30 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 19.43 16 January 16.47 and that I last saw h. im. allive on January 16.19.47
doceased (mo., day, yr.) 8. AGE: Years Monta Bays If less than one day 6. Birthplace	Immediate cause of death COronary DURATION thrombosis Due to.
11. fedoatry or business 12. Rame	Other coeditions
16. foformant Man. Olive Ost. Address Garliff, M.S. 17. (Burial, cremation, or removal, Which?) Cemetery or commetary. All Comments (month) (day) (year)	Autopsy results. PHYS/CLAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)
Location Williams 18. Funoral directors Street Land P. Marking	Injured at home, farm, industry, public place (whore?) Means of Injury Injured at work?

Registrar

Address.

VS A15

(Date rec'd by registrar)

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2-1820-2-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

CERTIFICATE OF DEATH

00623

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	(For newborn infants give residence of mother) State Marifacta County Harday
(If outside city or town limits, write RURAL and give nearest town)	City or iown Have de Stare
How long in above place of death?	(If outside city o town limits, write RURAL and give nearest town)
nospiral, institution, or street address where death occurred:	Street No. (If rural give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
daniel Ostro	rue 218-10-8320
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male negro married	20. DATE OF DEATH. Jan 6 19. #17 21 71.394.
(6) Name of husband or wife Elizabeth a Osborn	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	vears 19.76 , to 19.4
1. Birth date of deceased (mo., day, yr.) Chronit that Year 1891	and that I last saw h last alive on 19
3. AGE: Years Months Days It less than one day	Immediate cause of death
Shout 65 X Xhrs.	min.
Birthplace Harford Country Maryles	Due to.
(Town, county, and start)	Central / furnishage
D. Usual occupation Saloses	Due to
1. Industry or business	
12. Name Heury Osbarne 13. Birthplace No Record	Other conditions technique
	(Include pregnancy within 3 months of death)
14. Maiden name Wary Murplif 15. Birthotace 16. Becand	Major findings of operations.
15. Birthptace No Necond	
8. Informant Mrs Elizabette a. Osboine	Autopsy results.
Address 227 Lodge St. Have de Sus	PHYStCIAN: Please underline the cause to which death should be charged statistically.
7. Burial Date thereof law 9 4	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burish, cremation, or removal. Which?) (month) (day) (year	Accident, suicide, or homicide
Cometery or crematory Management Comments of Comments	Where did injury occur?
Locallon Wellew Maryland	Injured at home, farm, Industry, public place (where?)
8. Funeral director Hause Bullet	Means of Injury Injured at work?
ASSISTENIS Street Have de J	land lunder & fel hop
Any 9 19 A. Lewis m	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) Regi	istrar Address & There are the Bate Signed 1/7/2

PLEASE WRITE FLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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Reg	Dist	BI.		/ 8	0	4
I/Og.	DISC.	140	******		******	*******

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give recidence of mother)		
County	State. County Heufred		
City or lown	()		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. Rosali # 2		
Houbra remarial trop	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
martha R. Pro	mman none.		
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F W S	2D. DATE OF DEATH. 1/20 19 47 at 313 PM		
	2D. DATE OF DEATH		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 12/20 19. 4.7., 10		
S.(c) If alive, give ageyears	and that I last saw h alive on		
7. Birth date of deceased (mo., day, yr.) Jaw. 23 1865			
8. AGE: Years Months Days If less than one day	Immediate cause of death		
81 5/0 7hrsmin.	Aptorio Selleroto Cardio Vascular		
9. Birthplace Harford Co, nd.	Due to disease		
(Town, county, and state)	¿ Cerebral Merronhage 1000.		
1D. Usual occupation. Thousand work (Call)	Due to		
11. Industry or business			
12. Name Joseph Clyman Sur 23. 8irthplace Vartard Co. Md	Dither conditions		
\$ 13. 8irthplace Tartard Co., Ma	(Include pregnancy within 8 months of death)		
14. Malden name Marthes Wass			
14. Malden name Marting Transles 15. Birthplace Hartard Co.	Major findings of operations		
Mr. Harterin Planmen	Autopsy results		
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 6409 Well WE. Dallo - 1-140	*22. VIOLENCE: If death was due to exteroal causes, fill in the following;		
17 Queial Date thereof Jan 23 1947			
(Burlel, cremation, or removal. Which?) Date thereof menth, (dey) (year)	Accident, suicide, or homicide		
Cometery or cromotory Manual Manual Christian.	Where did injury occur?		
Spilna - mid	Injured at home, farm, lodustry, public place (where?)		
LOCATION TO A SELL TO A KEND & SALLA	/Means of Injury tnjured at work?		
18. Funeral director.	01.1.		
Address a becdele ma.	23. SIGNATURE Duckley Chillen on I		
10 Mu. 21 10 47 a. Levaso M.	M, D, or other		
Date rec'd by registrar) Registrar	Address Haynd mem, Heap Date signed 1/20/47		

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MARYLAND STATE DEPARTMENT OF HEALTH

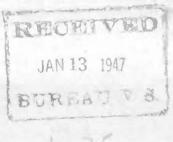
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1 1		
1. PLACE OF DEATH: 4/	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County / Hartory	(For newborn infants give residence of mother)	
Bity or town Harrie De Trace - Ruxal	State Mary Land County Transford	
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Have de Grace - Rucal	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death ofcurred:/	Street No.	
Harford Memorial, Havre de Trace	(If rural, give LOCATION)	
How long In hospital or institution? 6 days	2.(a) It veteran, name war. Doul	
3. (a) FULL NAME	3. (b) Social Security Number	
Planto of Piero		
4. Sex 5. Cotor or race 6.(a)Single, married, widowed, or divorced	losle	
	MEDICAL CERTIFICATION	
male White married	20. DATE OF DEATH & ausary 9 19. V. 31 6 A. TW.	
	21. I CERTIFY that death occurred on the date above slated; that I attended daceased from	
6.(U) Name of husband or wife		
	19 10 10 19	
7. Birth date of deceased (mo., day, yr.) July 20. 1878	and that I last saw h was alive on	
	Immediate cause of death DURATION	
o. non	CAYMAN LUMBLEROUS	
68 3hrsmin	Subgarde Reports	
Jeland Ca Ta	Due to Park Ing the I Supply spann	
9. Dirthplace (Town, county, and state)	Tree A A A A A A A A A A A A A A A A A A	
10. Usual occupation Flancier	THE THE STATE OF T	
	Due to the state of the state o	
11. Industry or business	- Opermony well	
E 12. Name David Ciercon	Other conditions	
\$ 13. Birthplace Tolous Co. Tr		
5 Maril Hlass	(Include pregnancy within 3 months of death)	
E 14. Maiden name Care Deassan	Major findings of operations	
2 15. Birthplace To Cock d Co. Ja.	Date of op	
16 Interment Me. telnow Teethley	. Aotopsy results	
A A Sk. of De Sk. of All Control of the Sk.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 203 Wilsow St. Have Deal	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Quecal Date thereof Jan 11, 1947		
(Burial, cremntion, or removal. Which?) 17. (Burial, cremntion, or removal. Which?)	Accident, suicide, or homicide	
Cemetery or exemptory Walkers	Where did injury occur?	
Alarden md	Injured af home, farm, Industry, public place (where?)	
Location - USPACO SEAL - LOCATION		
18. Funeral director Therety Jakkena & Jours	Means of Injury Injured al work?	
al. the	1 to 12	
Address Willell Ang.	23. SIGNATURE ON SALVO III	
18 Am. 10 18 47 4. T. Lauro M. A	23. SIGNATURE M. D. or other	
(Date rec'd by registrar) Registra	Address aure al Trace - Me Date signed 1-10-4	



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PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTIFICAT	TE OF DEATH Reg. Diat. No. 1820	
1. PLACE OF DEATH: County City or town. Balate, Mide (if outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?	2 USUAL RESIDENCE (HOME) OF DECEASED.	
3. (a) FULL NAME Clara C Robinson	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or diverced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Janua 27 18.47 21 235 A.	
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I extended deceased from 19. 25. to 19. 27. and that I last saw heart alive on 18. 2. Immedia gause of death 008ATION	
9. Birthplace	Oue to	
11. Industry or business 12. Name Vanes M Cain 13. Birthplace Md 14. Maiden name Elizabeth Negn 15. Birthplace Md	Other conditions	
Address Belan Mr 17. Burn (Burial, cremation, or removal, Which?) Cemetery or crematory Location Hickory Harferd Co. 18. Funeral director Address Belan Mr Address	Autopsy results	
19. //28 1949 Outella Fouron Registrar	23. SIGNATURE Bel au ned Date signed 1/28/4	

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JAN 30 1947

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CERTIFICATE OF DEATH

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冷				10	2	1
100	Dag	Dist	No	10	2	

1. PLACE OF DEATH: // /	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Deptarkad gg	(For newborn infants give residence of mother)	
(KuttoAAC) tallalar numall	State County County	
(If outside city or town limits, write RURAL and give hearest town)	City or town Kittledg 2	
How long in above place of death?	City or town (If outside city or town limits, write light L and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street Ko.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) if veteran, name war	
3. (a) FULL NAME Robert Paul Roger	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
m. w. S.	20, DATE OF DEATH January 23 19 47 at 7A	
	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from	
8,(b) Name of husband or wife	19	
Q		
7. Birth date of deceased (mo., day, yr.) Sept. 3, 1946	and that I tast saw halive on	
8. AGE: Years Months Days tiless than one day	Immediate cause of death	
6. Add.		
7 1 hrsmin.	Anoxemia due co	
9. Birtholace Kirtleage	Due to O astruction of Trucker	
(Town, county, and state)	/	
10. Usual occupation	Dua to	
	503 (0	
11, todustry or business Refer to the Romannol		
12. Name	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Edua L Delol 15. Birthplace Seven Mile Ford, Va		
5 2 mil 7 1)C	Major findings of operations.	
\$1 15. Birthplace veren mile I or a	Date of op.	
16. Informant Nokest T. Progers	Autopsy results	
Address Fallston md	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Jacobson 1 21-19/10	22. VIOLENCE: tf death was due to external causes, fill in the following:	
(Ruria) cramation or removal Which?) (Buria) cramation or removal Which?)	Accident, suicide, or homicide Date of	
T-O January	Where did injury occur? Fallston # africal (City or town) (Codenty) (State)	
Cemetery or crematory.		
Location Long Green Md	Injured at home, larm, industry, public place (where?)	
2 4:1 6 11 +	Means of injury Trappined process Injured at work?	
18. Funeral director	Grall C Calmer M. D.	
Address Jarrettaville: md	A T. Del F Medial EXamin	
Dan 2 DA	23, SIGNATURE M. D. or other	
(Date rec'd by registrar) Registrar	address Bel Air w. Dato signed 1/27/4/	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

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JAN 28 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

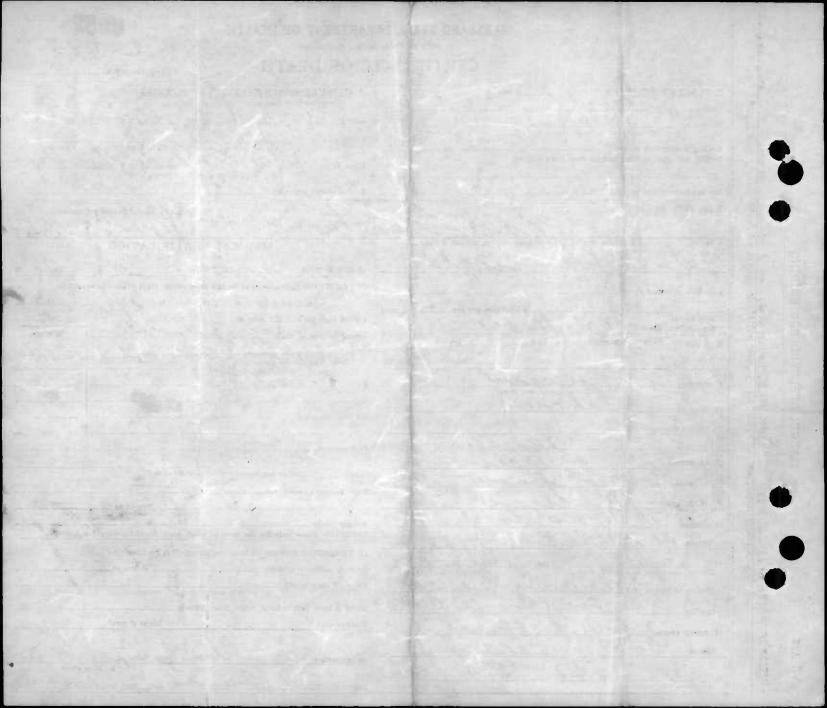
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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: /	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Harfall	(For newborn infanes give residence of mother)
City or town. (If outside gity of town limits, write RURAL and give nearest town)	State. County County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. New Philadelphia Road
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Paul Se	neta 3.(b) Social Security Number 212-22-0854
4. Sex 5. Color or race 6.(a) Single, married, widowed, or directed	MEDICAL CERTIFICATION 47
Male While single	20. DATE OF DEATH Samuary 4 1946 21 2PM
- /	20. DATE DF DEATH 157 20 at
6.(b) Name of husband or wife	Scence 21 1946, 10 Jour 2 - 1947
7. Birth date of	and that I last saw h water on Joseph 2 1 1947
deceased (mo., day, yr.) NOC PNOW 1885	Immediate cause of deal care is dum night lung DURATION
8. AGE: Years Months Days If less than one day	Town the same of last the works
6/. mi	
9. Birtholace Russian	Due to
Town county, and state)	
10. Usual occupation	Due to.
11. Industry or business	
12. Name Deneta 13. Birthplace Russian	- Other conditions
13. Birthplace Russian	
14. Maiden game Not know	(Include pregnancy within 3 months of death)
E P	Major findings of operations.
35 15. Birthplace	Date of op.
16. Informant	Autopsy results
Address few Chica Nosa. Hopka. Ma	22. VIOLENCE: tf death was due to external causes, fill in the following:
17. Burial Date thereof Jak - 8-4	Accident, suicide, or homicide
(Burial cremation, or removed, Which) Date thereof (Symptotic Gray) (year)	
Gemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Suconey Run, Ma. 4.4. S	A linjured at home, farm, industry, public place (where?)
18. Funeral director, John a. Drebliauckasi. In	Means of Injury Injured at work?
Address 1 0423 & Para St	1 110 + mg
AUDITOS V	As SIGNATURE DOMINICA DIWENTER M. D
19. (Daße rec'd by registrar)	27 A Porce of the Day 6-14
(Dafe rec'd by registrar)	Address Date signed Date signed



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED.		
County	(For newborn infants give residence of mother)		
Cily or town	State County County		
Now long in above place of death?	City or town		
Mospital, Institution, or sireet address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or instilution?	2.(a) It veloran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Stephen W.	Smith 216-18-1993		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male negro massied	20. DATE DE DEATH TO THE STORY OF THE STORY		
Poul B. Switte	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8.(6) Name of husband or wife	Chen 1976 10 Hem 17 1847		
7. Birth date of	and that I last saw have on		
deceased (mo., day, yr.) Jun. 23, 1897	Immediate cause of death DURATION		
8. AGE: Years Months Bays It less than one day	Juliuman ()		
79 11 0 7 min.	Municipal Reluctions		
8. Birthplace Alar league Harford Mills (Down, coolty, and state)	Due to.		
to be a second			
1D. Usual occupation	Duo to. Cuelly wa		
11. Industry or business			
12. Hame Market Day	Diher cooditions		
13. Birthplace The ford County had	(Include pregnancy within 3 months of death)		
14. Malden name Clarlette County milson	Major findings of operations		
\$ 15. Birthplaco Flarford Juny, mo	Dale of op		
16. tatormani Mrs Baussaly Thylor	Autopey results		
Address 2247. Wais St. Port plesset	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
21.1.1	22. VIOLENCE: It death was due to external causes, fill in the totlowing;		
(Burial, cremation, or removal. Which?) Balc thereot (month) (day) (year)	Accident, suicido, or homicide		
Cemolery or crematory Tyonguma	Where did lojury occur?		
Location Allerhungton, Med	Injured at home, tarm, industry, public place (whore?)		
61.019 By Olack	Means of Injury Injured at work?		
18. Funeral director			
Address 936 Seeves 24. Have de title	23. SIGHATURE Cuelles J- Teleg		
1 Jan 2 1047 Mille France	M. D. or other		
(Date rec'd by registrar) Registrar	Address Thurs de Company Dale signed		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING

VS A15



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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH X

2411 N. Charles St., Baltimore

48a

CERTIFICATE OF DEATH

0063480

0211111011	Reg. Dist. No.
Clly or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If oufside fitty or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
Hew long in hospital or institution?	2.(0) If veteran, name war
3.(a) FULL NAME Ella May Spicers	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Sing 6. married, widowed, or divorced	MEDICAL CERTIFICATION
Tende tohite married	20. DATE OF DEATH Jan 19 1947 at 7452 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 15 19 44 to Jan. 19 47 and that I last saw h. 2 alive on Jan. 18 19 47
deceased (mo., day, yr.) / May & 0 / 0 0	Immediate cause of death
8. AGE: Years Months Days If less than one day 7 //hrsmin.	Carenna of cerus 4 yrs?
9. Birthplace Maryland (Town, county, and state)	Que fo
19. Usual occupation American	Due to
11. Industry or business 12. Hame	Differ conditions
13. Birthplace Maryland	
14. Maiden name. Ur ginia Thuroni 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations.
& 15. Birthplace Marshaud	Date of op. Jan 1944
16. Informan). Elmer Spices)	Autopsy results.
Address Joppa R. D. Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bursel Bate thereof Gronth (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Mountain Christian	Where did injury occur?
Location Joseph R. D. Maryfaird	Injured at home, farm, Industry, public place (where?)
18. Funeral director, Howard K, Melermostorw	Means of Injury lojured at work?
Address Obingdon Maryland	23 SIGNATURE Tred O Hodors m.D.
19 Date rec'd by registrar 19 47 mm m pulsadale Registrar	Edgellott M. D. or other

JAN 23 1947

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borroct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00631 Reg. Dist. No. 18

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Gounty	State Maryland County Harford
City or town. (If outside city or town limits, write RURAL and give nearest town)	Manday of mid
How long In above place of death?	(If outside city or town limits, wrije RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 19 Sevan St
14 Oltan Ot	(If rural, give LOCATION)
How long in hospital or instillation?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Catherine Una Steen	noue
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
semale wrule kuille	20. DATE OF DEATH 20. 34 M
	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(b) Name of husband or wite	LOCAL 19 4/ 10 Land 21 19 4/ 7
7. Birth date of	and that I lest saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
1/	Mongolius Solies
	my and I fear
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Proce	
11. Industry or business	Due 10
12 Name Paul B. Stein	Mt
13. Birthplace Red Rion Pa	Diher conditions
14 Maiden name Blexidette Coamen	(Include pregnancy within 3 months of death)
15. Birthplace Dallas Journ Ca	Major findings of operations
El 15. Birthptace Callad Java Ca	Date of op
16, Informant / W Call A NILLW	Antopsy results
Address L9 Swar St aberdeen no	PHYSiCiAN: Please underline the cause to which death should be charged statistically.
17 Occupal Bate thereof Jan 23, 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bnriai, cremation, or removal, Which?)	Accident, suicide, er homicide
Cemetery or crematory & allas vocos	Where did injury occur?
Location Pennsylvania	Injured at home, farm, industry, public place (where?)
Hansel Tarring By Anna	Means of Injury Injured at work?
18. Funeral director	11/1/10
Address Whitelew Ma	23. SIGNATURE Cruster & July her
(Date ree'd by registrar) (Date ree'd by registrar)	M. D. or other
((Date rec'd by registrar) Registrar	Address Date signed

JAN 23 1947 BUREAU V

40

Registrar

County.

Reg. Diat. No.

The correct age 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) every item of information carefully. The content ite the causes of death clearly and legibly. (If outside city or town limits, write RURAL and give nearest town) 23 How long in ebove place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 4. Sex 5. Color or race MARGIN RESERVED FOR BINDING .6.(c) If allve, give age ... write 7. 6irth date of deceased (mo., day, yr.) C. Supply please wri Months Days It less than one day 8. AGE: Years 80 WITH UNFADING INK. 9. Birthplace. (Town, county, and state) 10. Usual occupation. 11. Industry or business 13. Birthplace MOTHER 14. Malden name 15. Birthplace PLAINLY, is especially 16. Intermant L. A. Address (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year) WRITE Cemetery or crematory Location tB. Funeral director. PLEASE Address 19 Jan. 20

Street No. (If outside city or town limits the lift rural, give lift rural	write RURAL and give nearest town)
2.(a) ti veteran, name war	
reett	3. (b) Social Security Number
MEDICAL CE	RTIFICATION
20. DATE OF DEATH.	8 19 4 7 at 205 PM
21. I CERTIFY that death ocurred on the date above	
and that I last saw here alive on	19.47
Immediate cause of death The	omborio 36 les.
Due to	
Due to	
. 0	adial Desien Syr
Major findings of operations	Bate of op,
Autopsy results	
22. VIOLENCE: tt death was due to external caus	es, till in the following:
Accident, suicide, or homicide	Date ot
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (who	ere?)
Meens of Injury	tnjured at work?
23. SIGNATURE W. ORORA	P. Kreenser

AS

(Date rec'd by registrar)

JAN 23 1947 BURLAU V 8

2411 N. Charles St., Baltimore 186-2

CERTIFICATE OF DEATH

() () 633 Reg. Dist. No. /820

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
County Bush Charden All an	State Maryland County Harford	
(If odtside city or town limits, write RURAL and give nearest town)	An a Ble leek	
How long in above place of death?		
Harfad Co Storme	Street No. Dush Chaple Orad (If rural, five LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
John mitchell strong	From	
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male White Single	20. DATE DE DEATH	
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aflended deceased from	
	JAN. 4, 1947, 10 JAN 7, 1947	
7. Birth date of deceased (mo., day, yr.) Capril 4-1867	and that I last saw h. 4	
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death BRONCHO - PARSIMONIA DURATION	
79 9hrsmin.	2xAC E	
9. Birthplace Barford Cet. Md	Due to FRACTURE RT. FEMORAL NECK I WEEK	
10. Usual occupation Day Laborer	0 1 10 0 00 0 00	
11. Industry or business	Due to accidental fall. Censor.	
	Other conditions	
12. Name. Journal H. Strong 13. Birthplace Safrad Cw. 2004		
14. Maiden name Jeltisha Salveri 15. Birthpiace Hartond Cor. mg	(Include pregnancy within 8 months of desth)	
S 15 Rithniaca About of Car had	Msjor fisdings of operations.	
16. Informant Mus G. Elizabeth Strong	Date of op.	
01.0	Autopsy results	
Address allerdien md. N. F. D.	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide. Oscident. Date of annany 7th., 1947.	
Cemetery or crematory. Wallyan Chaple	Where did injury occur? . Trallaton	
Location News abberlien mil	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Severy Tavaina Jones	Means of Injury Occidental Galle Injured at work?	
Address . Cherden ma	Plat CRHH MD	
18 1/9 1847 Priseilla Forwood	23. SIGNATURE M. D. or other M. D. or other / M. D. or ot	
(I)-4 month has no selection)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correction is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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JAN 11 1947

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

00634

CERTIFICATE OF DEATH

Reg. Diat. No. 185

1. PLACE OF DEATH?	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County County	(For nawborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County	
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town) Street No. 3. 3. 7	
Hospital, Institution, or street address where death occurred:		
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Horace V. Newarm	216-10-8093	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Manuel	20. DATE DF DEATH / - 2 8 - 18 # 1 21 # 1 A	
Mary (Derman)	21. I CERTIFY that death occurred on the data above stated; that I attended decessed from	
6.(b) Name of husband or wife	" 1 25-47 1- 28 1-	
7. Birth date of	and that I last saw h alive on 1 27 48	
deceased (mo., day, yr.)	Immediate cause of death	
8. AGE: Years Months Days If less than one day	and mound the	
5 3 11 17hrsmin	<u>. J. J.</u>	
· Rietholas Marietta Pa.	Due to awarded phillips	
9. Birthplace (Town, eounty, and state)		
10. Usual occupatio	Due to Cardin der peral	
tt. todustry or business		
# 12. Name Charles a. Newsman	Dther conditions	
12. Name Charles G. Murannan		
	(Include pregnancy within 3 months of death)	
E P	Major fiediags of operations.	
El 15. Birthplace (a.	Date of op.	
16. Informant	Autopsy results	
Address 337 Wilson Hande Vice		
17 Burial Date thereof 1/3/147	22. VIOLENCE: If death was due to external causee, fill in the following:	
(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	
Location Baltimore Ma.	Injured at home, farm, Industry, public place (where?)	
Wm Cook In	Means of injury Injured at work?	
18. Funeral director.	" de la companya del companya de la companya del companya de la co	
Address H. Caul & Vieslan Ballo. 111 d.	23. SIGNATURE	
19 Jun. 28 19 47 G. L. Levei ne	M. D. or other	
(Date rec'd by registrar) Registra		

JAN 30 1947
BUREATI V B

It less than one day

23. SIGNATURE...

Registrar Address ... Address

1. PLACE OF DEATH:

How tong in hospitat or institution?...

6.(b) Name of husband or wite.....

he rec'd by registrar)

3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Hospital, institution, or street address where death occurred:

5. Color or race

w

Supply every item of information carefully, please write the causes of death clearly and WITH UNFADING INK important. Physicians: PLAINLY, WITH UNF is especially important. PLEASE WRITE

MARGIN RESERVED FOR BINDING

	15	hrs.
9. Birthplace Hame D. 4.	county, and	state)
10. Usuat occupation.	S. S.	
11. Industry or business	mel c	
12. Name	J. S.	Bukier
13. Birthplace	V	Ma
# 14. Maiden name Cecilia	Many	e Pet
14. Maiden name. Cec. C. a. 15. Birthplace	0	1 2
18. Informant N. M. SOPA	XX	much
Address 45rua	shew	of me
17. (Burial, cremation, or removal) White	Date the	(month)
Location	sha	w. I
18. Funeral director	7 8	reble
1/473	1) 1	11/1

	2. USUAL RESIDENCE (POME) OF DECEASED. (For newborn infants give residence of mother)	
	State County Central	
	City or town (If ontside city or town limits, writs RURAL and give neares	t town)
	Streel No	000000000000000000000000000000000000000
١	2.(a) If veteran, name war	***************************************
	3. (b) Social Security No	ımber
7	jurierila	
	MEDICAL CERTIFICATION	
	20. DATE OF DEATH	1/3.6
l	as a centrey that death occurred on the date above stated; that t attended decease	ed from
1	1/15 1047 to 1/13	19
	and that I tast saw h. S.A. alive on	19*./.
	Immediate cause of death	DURATION
	Rasquatry failure	4/4
	hater house treedrick a Synchron	
	Menuso Cocemia	*******************

	Other conditions	
	(Incinde pregnancy within 3 months of death)	
	Major findings of operations	, , , , , , , , , , , , , , , , , , , ,
	Autopsy results	tatistically.
	22. VIOLENCE: If death was due to externat causes, fill in the following:	
	Accident, suicide, or homicide	gae **** poo co * * * * * * * * * * * * * * * * *
	(City or town)	(State)
	tnjured at home, farm, industry, public place (where?)	
4	logns of injury Injured at work?	
-	1 00 01. 0.7	0

PLEASE WRITE

orrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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93d
LOCAL

00636

	-/	V	1	1
Rog. Dist. No.	6	0	1	6

CERTIFICAT	Rog. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest towo)	State Marylland County That for
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 12 Clusticals Grands (If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veleran, name war.
3. (a) FULL NAME Tracy C. Thompson	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Flencale While Morried	20. DATE OF DEATH Jan 26, 1947 at 1:00 P. A
8.(b) Namo of husband or wife. Dameed le Thoushook	21. I CERTIFY that death occorred on the date above stated; that lattended deceased from
	2200, 2 19.45 to 4 an 26 19.47
7. Birth date of deceased (mo., day, yr.) Marcle 10, 1894	and that I last saw h
8. AGE: Years Months Days If tess than one day	Immediate cause at death Cornery infanction DURATION
32 /0 hrsmin.	
9. Birthplace (Towo, coooty, and state)	Due to Ty sertening cardia
10. Usual occupation Das Mask Sustectar	wasselles disease
11. Industry or business U. S. Garenneut-Peticed	Due to
E 12. Hame Unicrown	Other conditions
13. Birthplace Welknown	(Include pregnancy within 8 months of death)
15. Birthpiace Halford Co. Md	Major Endings af operations.
18. Informant Mrs. Edward O. Thoughou	Antopsy results.
Address /2 Cheercle Green aberdien md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or renoval, Which?) Bate thereol Jan. 29 1947 (month) (day) (fear)	22. VIOLENCE: If death was due to external causes, fill in the totlowing: Accident, suicide, or homicide
Cemetery or orematory: DRAWE	Where did injury occur?
Location Steedless Ted	Injured at home, farm, industry, public place (where?)
18. Funeral director Henry Jarring & Source	Means of Injury Injured at work?
Address Shexdeen Fmd	23. SIGNATURE SB Jastian mD
19. (Date ree'd by registrar) 19. (Date ree'd by registrar) Registrar	M. D. or other
Registrac	Address Date signed

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JAN 30 1947

ETREAT

- 35

2411 N. Charles St., Baltimore

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corn is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Marshand County Sarturd
City or town	1 0 0 0 0 0 0 0
How long in above place of death? 20 775	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. N. Bel air Box Ess
	(If rural, give LOCATION)
How long to hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mary Elizabeth Jeldon	my
4. Sex 5. Color or race 6. (OSingle, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored married	20. DATE OF DEATH. 174 19.47 21/1/10 8 M
OF 6 JUL 1	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
S.(b) Name of husband or wife Trans	25. Tochter instability of the date 2000 stated, that I attended accessed from 19. 4. 7.
7. Birth date of	and that I last saw h & silve on 1.5 January 19 47
deceased (mo., day, yr.) Feb. 22-1875	Immediate cause of death
8. AGE: Years Months Days If less than one day	Congration Musorandial Tailure
7/ //hrs,min	1m.?
9. Birtholace Baltimore my	Due to asteroslestin Carolir Vandas
(Town, county, and state)	Diane
10. Usual occupation	Buata
11. Industry or business	00 (0
12. Name Unknown	Other conditions
12. Name Unkyown 13. Birthplace Unknown	
2/ /	(Include pregnancy within 3 months of death)
14. Matden name	Major findings of operations.
15. Birthplace Unknown	Date of op.
16. informant & toranh Selton de	Autopsy results.
Address Celerdela md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
" Nursel las 20.1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Gaburly	Where did injury occur?
Location Churchbille Harford les met	Injured at home, farm, Industry, public place (where?)
Mary J. V. Mary	Meens of injury Injured at work?
18. Funeral director Mury aring stones-	d + 10 1
Address Cherden md	or CLONETHER IN M. 1. Muse M. 1).
" Jun 20 - "47 Millie H. Keley	23. SIGNATURE M. D. or other
19. (Dute rec'd by registrar) Registrar	Address 200 N. Union Que Marcede Marce 1/18/47

JAN 22 1947 .
BURLAUY.A.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

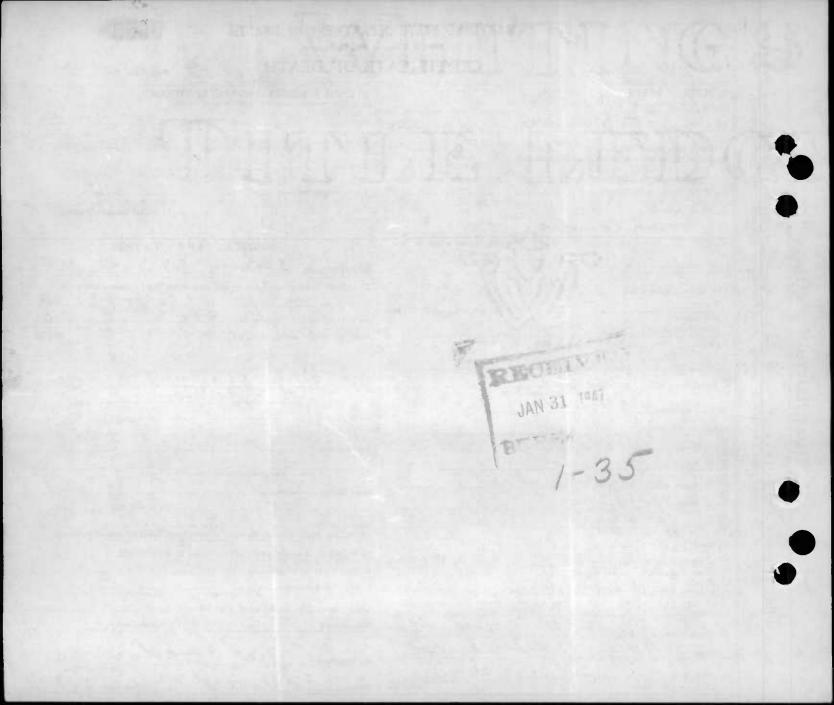
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00638

CERTIFICATE OF DEATH

* Reg. Diat. No. / 806

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Sorfor	(For newborn infants give residence of mother)
City or town (If outside city or town limits, water RURAL and give nearest town)	State County County
How long in above place of death?	City or town
Rospitel, Institution, or street address where death occurred:	
	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
many Cornelia Troy	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Wedowed	20, DATE OF DEATH January 28 1947 at 12 30 A M
marcin J. Trong	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife. Maria Ch. 57703	June 6 1946 to Jan 28 1547
7. Sirth date of	and that I last saw h alive on Jan 28 1947
7. Sirth date of deceased (mo., day, yr.) Dec 22 1862	
8. AGE: Years Months Days If less than one day	Immediate cause of death Commany of Comments of DURATION
84 1 6	
Vir amia	Due to arterist sclerois Years?
9. Birthplace(Town, county, and state)	Due to hertensin
1D. Usual occupation A Gusewife	
	Due to
11. Industry or business	
12. Name William Dedwell 3. Birthplace Wrgenia	Diher conditions
	(Include pregnancy within 8 months of death)
14. Maiden name & Wah Hieles 15. Birtholace Wir ginis	
15. Birtholace Winginia	Major findings of operations
101 10 11 11	Date of op
18. Informant Mars Wellie Wright	Autopsy results
Address Belcamp Maryland	
17. Fransportation Date thereof Jan 28 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, crewlation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Day ghue - Dayson tunesetton	Where did injury occur?
Location Galax Ver years	Injured at home, farm, industry, public place (where?)
itrania 110 Matorina 4000	Means of Injury Injured et work?
18. Funeral director of war don Maryland.	1 101/10
Address Wazafu Magana	23. SIGNATURE hed O Hodows m.D.
19 Jan 28 1947 Marie m mouledall	23. SIGNATURE M. D. or other Elsewood MA Data signed 1-28-47



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00639

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mather)
County	The last of
(If outside city op own limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(if outside city ne fown limits, write RURAL and give nearest town)
Hospital, tostitution, or street address where death occurred:	
	Streef No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Hilliam J. Hall	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 16-
2 1 1:4	(- 47 9')
Kell wall mirel	20. DATE OF DEATH ASSESSMENT 20 19 19 19 19 19 19 19 19 19 19 19 19 19
Surie 8. Holling	21. I CERTIFF that death occurred on the date prope stated: that I attended deceased from
8.(b) Hame of husband or wife	1231, to Jan 25 184)
	1 1 21 117
7. Birth date of deceased (mo., day, yr.) 2011. 28 - 1869	and that I last saw h
8. AGE: Years Months Days If tess than one day	Immediate serge of death DURATION
41.0	- Jan Mily Marian
// // ~/hra,min.	
9. Sirthplace (Town, county, and state)	Due to long from Memoria
Petines beaute	and figuressans
10. Usual occupation.	With the second second
11. Indostry or business	
12 same It ilean Hallace	Other conditions
13. Birthplace Harland Co. md.	
el la simpleto	(Include pregnancy within 3 months of death)
14. Malden name Community	Major findings of operations
15. Birthplace April Co, My.	
300 0 3/ 20:00	
16. Informant	Autopsy results
Address The Leston Med.	
B 111-10 1 27-194	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, crematinn, or remayal, Which?) Date thereol (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or according blate Relige cerebery	(City nr town) (County) (State)
Location Office	Injured at home, Jarm, todusfry, public place (where?)
1. 1. tPA as fair	Means of tnjury Injured af work?
18. Funeral director	
Address delta le:	Comed II An This
1- 17 11- MM W King	23. SIGNATURE M. D. or other
Date rec'd by registrar	Address Delta Dema Date signed 1/25/1/

RECEIVED FEB 6 1947

2-1820- 2-10

MARGIN RESERVED FOR BINDING

VS A15

M.	ARYI	AND	STATE	DEPARTMENT	OF	HEALTH
AVAI	WIVIT	AUID	SIAIL	DELAKIMENI	UF	DEALID

2411 N. Charles St., Baltimore

(1()64() Reg. Diat. No. /820

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Larford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Ha-for J. Col. (If outside city or town/limits, write RURAL and give nearest town)		
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			
Nospital, institution, or street address where death occurred:			
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Robert Wilson	3. (b) Social Security Number		
4. Se1 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M Col Married	20. DATE DE DEATH JAN 1 2 18 4 7 21 5 30 AM		
6 (b) Name of husband or wife Frances Wilson			
	21. I CERTIFY that death occurred on the date above stated; than attended deceased from		
7. Birth date of deceased (mo., day, yr.) Feby 15-1884	and that I fast saw him alive on Dec . 37- 19.4.0		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immedia cause of death DURATION		
62 min.	Chronic Myocardilis		
	URKHOWN		
9. Birthplace Balt, Merce Co (Town, county, and state)	Due to		
10. Usual occupation Farm, La Gur	Due to.		
11. Industry or business			
12. Name Quill W. Ison 13. Birthplace Md	Dither conditions		
# 14. Malden name Sarah E Jones	(Include pregnancy within 3 months of death)		
14. Malden name Sarah E Jones 15. Birthplace Pa	Major findings of operations		
18. Informant WM W. ISON	Autopsy results.		
Address Rocks, Md	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.		
Address 1001/3, 11	22. VIOLENCE: If death was due to external causes, till in the following:		
17. Burial cremation, or removal. Which?) Date thereol. Jany 5/47 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Faul & 310 N	Where did Injury occur?		
Location Fawn Grove Pa	Injured at home, farm, industry, public place (where?)		
9-12	Meens of Injury tnjured at work?		
a) (a p	071) 7360 1.7		
Address Bullen mer	23. SIGNATURE W. t. Van Diber McD.		
19. (Date fee'd by registrar) 1947 Ouverlla Touvord Registrar	Address Bel Qir, Uld. Date of man 3/94		

JAN 4 1947 BURFAT PS